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Bib Data Sheet

CONFIRMATION NO. 5824

SERIAL NUMBER 10/700,388	FILING DATE 11/04/2003 RULE	CLASS 324	GROUP ART UNIT 2859	ATTORNEY DOCKET NO. 23242-1023
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APPLICANTS

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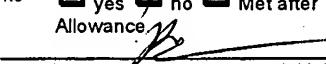
** CONTINUING DATA ****

This appln claims benefit of 60/423,596 11/04/2002

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature  Initials		
STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
NY	DRAWING 11	CLAIMS 35	CLAIMS 9

ADDRESS

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TITLE

Configurable matrix receiver for MRI

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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